1320 Research Park Drive Manhattan, KS 66502 785-564-6700 www. agriculture.ks.gov



900 SW Jackson, Room 456 Topeka, KS 66612 785-296-3556

Mike Beam, Secretary

Laura Kelly, Governor

FY 2019 Organic Certification Cost Share Program Application Form for certified producers and handlers

Under the 2019 program, eligible producers or handlers may receive reimbursement for 75% of their certification costs up to a maximum of \$750 per scope. If you are certified in more than one certification category (e.g. crops, livestock, wild crop or processor/handler), you are eligible for up to \$750 for each category, for a total of \$3,000. Reimbursable certification costs must be incurred during the period October 1, 2018 through September 30, 2019 (the federal fiscal year), and can include any certification-related expenses such as inspection fees and user fees. Any invoices paid between the inclusive dates are eligible for reimbursement, regardless of which year's certification they are applied to. The deadline for the application is December 15, 2019.

Details required to apply for reimbursement include:

- 1. This form/application (completely filled out, signed and dated)
- 2. W-9 form (Rev. 08/13) (Available at www.irs.gov)
- 3. A copy of your current Organic Certificate from your certifier
- 4. A copy of the itemized paid invoice(s) received from your certifier indicating the date of payment (we cannot accept copies of canceled checks or invoices that do not show proof of payment).

Upon receipt of your documents, the Kansas Department of Agriculture will confirm certification and then provide reimbursement to the mailing address listed on this form. Mailing address must match the address listed on the W-9 form. Please note that incomplete forms may delay your reimbursement. Based on the receipt of the completed application packet by the Kansas Department of Agriculture, reimbursements will be on a first-come, first-served basis until the limited program funds are exhausted. Print clearly or type the FY 19 Organic Certification Cost Share Program Application. Further questions can be directed to Peter Oppelt, 785-564-6726.

Contact/owner name:				
Company/farm name:				
Company address:				
City:	State:	Zip:	County:	
Mailing address:				
City:	State:	Zip:	County:	
Phone:		Fax:		
E-mail:				
Certifying organization:				
Date of last certification:				

^{*}Application continued on next page

Certification scope Crops	es (please circle/check all the Livestock	nat apply). Maximum r Wild crops	eimbursement is \$750 per scope. Handling
Total Certification	expense: \$		
	Certification Scope		Certification Expense
	Crops		
	Livestock Wild crops		
Processing Handling			
	r roossang rianamig		
	TOTAL		
has both organical the base certification	lly certified crops and livest on fee. All fees that can be	cock. Please apply \$10 directly attributed to a	of \$200 and base certification fee of \$500 for your operation that 10 for the application fee to each scope and \$250 to each scope for a scope should be applied accordingly. The certification expense has been reimbursed from other sources.
Contact/owner sign	nature:		Date:
Kansas Departr			
Tax Identification SMART ID Nur Date Received: Total Receipts: Total Reimburs	only er: on Number: amber: sement:		